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Commissioner for Patents	Scott H. Kaliko, Esq.
	SENDER'S FAX NUMBER: 201-831-0519
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United States Patent & Trademark Office	NOVEMBER 3, 2006
RECIPIENT'S FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	3
RECIPIENT'S TELEPHONE NUMBER:	CLIENT / MATTER:
RE:	YOUR REFERENCE NUMBER:
Application No. 10/625,139	P03-239-BAT

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PTO/SB/21 (09-08)

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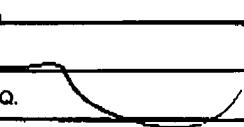
(To be used for all correspondence after Initial filing)

(To be used for all correspondence after Initial filing)	Application Number	10/625,139	
	Filing Date	July 23, 2003	
	First Named Inventor	JIM D'AMATO	
	Art Unit	1761	
	Examiner Name	Reginald Alexander	
Total Number of Pages in This Submission	2	Attorney Docket Number	P03-239-GAT

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KALIKO & YEAGER		
Signature			
Printed name	SCOTT H. KALIKO, ESQ.		
Date	NOVEMBER 3, 2006	Reg. No.	45,786

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	SCOTT H. KALIKO, ESQ.	Date	NOVEMBER 3, 2006

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10625.139
Filing Date	JULY 23, 2003
First Named Inventor	JIM D'AMATO
Art Unit	1731
Examiner Name	REGINALD ALEXANDER
Attorney Docket Number	P03-239-BAT

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

39550

Please change the correspondence address for the above-identified application to:

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Customer Number:

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature:

Jim D'Amato

Name:

Jim D'Amato

Date:

November 3, 2006

Telephone: 201-631-0575

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required; see below.

Two or more forms are submitted.

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